BEFORE THE APPEALS BOARD
FOR THE
KANSAS DIVISION OF WORKERS COMPENSATION

GWENDOLYN I. WATSON	)	
Claimant	)	
VS.	)	
	)	Docket No. 122,125
BOARD OF EDUCATION, KC DIST. #500	)	
Respondent	)	
AND	)	
	)	
WESTERN GUARANTY FUND SERVICES	)	
Insurance Fund	)	

ORDER

Claimant appealed the May 31, 2001 Award entered by Administrative Law Judge Robert H. Foerschler. The Board heard oral argument on January 15, 2002.

APPEARANCES

Robert E. Tilton of Topeka, Kansas, appeared for claimant. Gregory D. Worth of Roeland Park, Kansas, appeared for respondent and its insurance fund.

RECORD AND STIPULATIONS

The record considered by the Board and the parties' stipulations are listed in the Award. Additionally, the record also includes (1) the transcript of the discovery deposition of claimant taken on June 16, 1993, as confirmed by respondent and its insurance fund's April 4, 2000 letter to Judge Foerschler and claimant's March 24, 2000 letter to respondent and its insurance fund's attorney and (2) the transcript of the discovery deposition of Dr. Gilbert Parks taken on April 5, 1994, as agreed by the parties at the doctor's March 6, 2000 deposition.

Finally, the Award indicates the record includes a transcript of a deposition taken of Dr. Parks on July 19, 2000. But that is a typographical error and should be corrected to reflect that Dr. Patrick L. Hughes' deposition was taken on that date.

ISSUES

This is a claim for a March 9, 1987 accident from which claimant alleges that she injured her back and later developed psychological problems. In the May 31, 2001 Award, Judge Foerschler found claimant had a 50 percent whole body functional impairment due to the physical injuries and psychological problems that were directly traceable to the March 1987 accident. The Judge rejected claimant's argument that she was permanently and totally disabled and awarded claimant a 50 percent permanent partial general disability, which was based upon claimant's combined whole body functional impairment rating for both her physical and psychological problems.

The parties have raised the following issues on this appeal:

1. Should the claim be remanded to open the record for respondent and its insurance fund to introduce evidence regarding alleged tax obligations of the treating psychiatrist?

In an order dated July 26, 2000, the Judge denied respondent and its insurance fund's request to extend their terminal date to allow them to introduce evidence that claimant's psychiatrist, Dr. Gilbert Parks, allegedly had an outstanding federal tax obligation.

Respondent and its insurance fund contend the Judge erred in denying their request to extend their terminal date. They contend the evidence of the doctor's tax liability has probative value as it explains why the doctor has continued to treat claimant for so many years.

Conversely, claimant contends the proffered evidence has little, if any, evidentiary value and, therefore, objects to the claim being remanded and the record being opened for additional evidence.

2. Is the January 8, 1993 medical report from Dr. Donald W. Goodwin, which was requested by the Judge as part of an independent medical evaluation, included in the evidentiary record?

On page one of the May 31, 2001 Award, the Judge listed Dr. Goodwin's January 8, 1993 report as part of the evidentiary record, describing the doctor's evaluation as a "neutral examination."

Respondent and its insurance fund argue the report should not be part of the evidentiary record as the Judge supposedly ordered the evaluation under K.S.A. 44-516, which at the time did not provide that such reports were admissible without the doctor's supporting testimony.

Conversely, claimant argues the Judge ordered the independent medical evaluation and, therefore, the report is admissible.

3. What is the nature and extent of claimant's injury and disability?

Claimant argues that she is permanently and totally disabled and, therefore, the Judge erred by awarding her a 50 percent permanent partial general disability.

Conversely, respondent and its insurance fund contend claimant's award of permanent partial general disability benefits should be based upon her physical injury only and limited to the 10 percent whole body functional impairment that the Judge found claimant sustained as a result of the physical injury.

4. What is claimant's average weekly wage?

The Judge determined claimant's average weekly wage was $210 per week, finding the parties purportedly agreed to that amount at the June 25, 1992 regular hearing.

Claimant contends the Judge erred as the $210 does not include her additional compensation item, a contribution into the Kansas Public Employees Retirement System (KPERS). Claimant also contends that a wage statement obtained from respondent indicates a higher average weekly wage. Accordingly, claimant requests the Board to find her average weekly wage is $238.80 per week, which includes $233.12 ($5.828 per hour x 40 hours) per week straight time wages, plus $5.68 per week ($233.12 per week x 2.44% KPERS contribution) for additional compensation.

In the alternative, claimant argues her average weekly wage should be $215.12, which represents $210 per week straight time and $5.12 per week for additional compensation.

Conversely, respondent and its insurance fund argue that claimant stipulated to the $210 per week average weekly wage for her straight time and, therefore, her average weekly wage, including the KPERS contribution, is $215.12.

5. How much should claimant be reimbursed for the mileage and turnpike tolls expended for medical treatment?

The Judge did not address claimant's request to be reimbursed medical mileage expense. Claimant requests reimbursement in the sum of $4,604.44 for the mileage driven and turnpike toll expense during the period from April 20, 1993, through September 4, 1997, to and from Dr. Parks' office, and an additional $200.81 for the mileage driven from March 9, 1987, through February 15, 2000, to other various health care providers.

Conversely, respondent and its insurance fund argue Dr. Parks inappropriately treated claimant, and, therefore, claimant should be denied reimbursement for the trips to his office.

Finally, although claimant initially challenged the Judge's findings regarding temporary total disability benefits, at oral argument before the Board claimant announced that she now accepted those findings. Accordingly, those benefits are no longer an issue for the Board to address.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the entire record, the Board finds and concludes:

1. Respondent and its insurance fund's request to open the record to present evidence regarding an alleged federal tax liability of Dr. Gilbert Parks should be denied.

After both parties' terminal dates had expired and the record was closed, respondent and its insurance fund requested an extension of their terminal date to present additional evidence. Respondent and its insurance fund made that request with the Division of Workers Compensation on July 19, 2000, in a document entitled Motion for Extension of Respondent's Terminal Date, which stated, in part:

> Respondent further wishes to enter into evidence by virtue of stipulation or deposition additional information pertaining to Dr. Parks' [sic], claimant's testifying psychiatrist.

In an order dated July 26, 2000, Judge Foerschler denied the request to extend the terminal date, finding a lack of good cause.

At oral argument before the Board, respondent and its insurance fund stated the evidence they desired to introduce was testimony from one of the insurance fund's claims representatives that the insurance fund had received a tax lien notice from the federal government pertaining to a tax obligation owed by claimant's psychiatrist, Dr. Gilbert Parks. Respondent and its insurance fund argue that evidence of the doctor's tax obligation establishes that the doctor treated claimant for reasons other than her welfare. They also argue that such evidence reflects upon the doctor's credibility and the reasonableness of the treatment provided to claimant.

The Workers Compensation Act provides that terminal dates may be extended when (1) the parties agree, (2) the worker is being paid temporary total or permanent total disability compensation, (3) the worker is to undergo a medical examination that could not

be conducted before the worker's terminal date, or (4) there is good cause. The Act in K.S.A. 44-523 provides, in part:

> (a) The director, administrative law judge or board shall not be bound by technical rules of procedure, but shall give the parties reasonable opportunity to be heard and to present evidence, insure the employee and the employer an expeditious hearing and act reasonably without partiality.
>
> (b) Whenever a party files an application for hearing pursuant to K.S.A. 44-534 and amendments thereto, the matter shall be assigned to an administrative law judge for hearing and the administrative law judge shall set a terminal date to require the claimant to submit all evidence in support of the claimant's claim no later than 30 days after the first full hearing before the administrative law judge and to require the respondent to submit all evidence in support of the respondent's position no later than 30 days thereafter. An extension of the foregoing time limits shall be granted if all parties agree. An extension of the foregoing time limits may also be granted:
>
> (1) If the employee is being paid temporary or permanent total disability compensation;
>
> (2) for medical examination of the claimant if the party requesting the extension explains in writing to the administrative law judge facts showing that the party made a diligent effort but was unable to have a medical examination conducted prior to the submission of the case by the claimant but then only if the examination appointment was set and notice of the appointment sent prior to submission by the claimant; or
>
> (3) on application for good cause shown.

The motion requesting the extension of the terminal date, on its face, did not establish good cause for extending the respondent and its insurance fund's terminal date. Moreover, after considering the respondent and its insurance fund's proffer of evidence, the Board concludes at this juncture of the claim that there is not good cause for remanding the claim and opening the record. The Judge did not err by denying the request for an extension.

2. The January 8, 1993 medical report from Dr. Donald W. Goodwin is part of the record and should be considered in deciding the issues in this claim.

During litigation of the claim, the Judge ordered claimant to be evaluated by another psychiatrist for a second opinion of whether claimant needed psychiatric treatment and whether her psychiatric problems were related to the March 1987 work-related accident. Claimant saw Dr. Goodwin, who then issued a January 8, 1993 report.

In her submission letter filed with the Division on August 10, 2000, claimant listed Dr. Goodwin's report as part of the evidentiary record. But in their submission letter filed with the Division on January 2, 2001, respondent and its insurance fund neither listed that document as part of the record nor raised the admissibility of the document as an issue to be decided by the Judge.

In the May 31, 2001 Award, the Judge listed Dr. Goodwin's January 8, 1993 report as part of the record. In their brief to the Board, respondent and its insurance fund did not challenge the doctor's report. Moreover, their brief even referred to Dr. Goodwin's diagnosis of post-traumatic stress disorder in the Statement of Facts.

The Board concludes that Dr. Goodwin's report is part of the record. First, respondent and its insurance fund did not raise the issue with Judge Foerschler or object to the report at any time during the trial of this matter or in their submission letter. Second, the 2000 Legislature amended K.S.A. 44-516 requiring the administrative law judge and Board, when deciding a claim, to consider the report of an independent medical examiner who was appointed by a judge. That statute now reads:

> In case of a dispute as to the injury, the director, in the director's discretion, or upon request of either party, may employ one or more neutral health care providers, not exceeding three in number, who shall be of good standing and ability. The health care providers shall make such examinations of the injured employee as the director may direct. **The report of any such health care provider shall be considered by the administrative law judge in making the final determination.** (Emphasis added.)

The amendment only affects evidentiary procedure in a workers compensation claim. The amendment does not change the parties' substantive rights or obligations. Accordingly, the amendment is procedural and retroactively applies to this claim.

3. The Board affirms the Judge's conclusion that claimant is entitled to receive benefits for a 50 percent permanent partial general disability.

The parties stipulated that on March 9, 1987, claimant sustained personal injury by accident arising out of and in the course of employment with respondent when she fell down some stairs. Shortly after the accident, claimant began receiving medical treatment for back pain and left leg pain.

Following the March 1987 accident, claimant returned to work as a teacher's aide in September 1987. Claimant worked the next four school years but did not start the school year beginning in fall 1992 because her psychiatrist, Dr. Parks, had taken her off

work. When claimant last testified in this claim in March 2000, she had not worked since approximately May 1992.

Dr. Roger P. Jackson, who initially treated claimant's back and left leg symptoms through September 1987 and later saw her again in May and June 1988, rated claimant as having a 2-3 percent whole body functional impairment for her back injury. Despite MRI and CT scans, the doctor was unable to determine the source of claimant's back and leg complaints, although he questioned whether she might have a herniated disk between the fourth and fifth lumbar vertebrae (L4-5). Not having any additional treatment to offer, the doctor released claimant in September 1987 with restrictions against stooping, bending, lifting children and noted that claimant may have to sit five to 10 minutes several times per day. According to Dr. Jackson, claimant will need future medical treatment consisting of medications.

At her attorney's request, claimant was evaluated by orthopedic surgeon Dr. John J. Wertzberger. Dr. Wertzberger examined claimant in April 1987 and December 1991 and determined that claimant had disk dessication at L4-5 and between the fifth lumbar and first sacral vertebrae (L5-S1). The doctor determined that claimant had a 15 percent whole body functional impairment due to her back problems and that she should neither drive nor repetitively bend or lift. The doctor does not mention that claimant was crying or demonstrating other behavior that suggested emotional problems. Dr. Wertzberger also believes that claimant will need future medical treatment for her back.

The principal issue in this claim is whether claimant's psychological problems are related to the March 1987 accident and, if so, the extent of the impairment such problems have created. According to claimant, she began having crying spells shortly after the March 1987 fall. At the June 1992 regular hearing, claimant testified that she was depressed and experiencing daily crying spells, and thought she should see a psychiatrist. Within days of that hearing, on July 2, 1992, claimant began treating with Dr. Parks of Topeka, Kansas.

In November 1992, the Judge conducted a preliminary hearing in which claimant was requesting psychiatric treatment. As a result of that hearing, the Judge requested an independent evaluation by a doctor in the psychiatric department of the University of Kansas Medical Center. Dr. Goodwin met with claimant in January 1993 and determined that claimant had major depression, which was in partial remission, and post-traumatic stress disorder that the doctor directly related to the March 1987 accident. The doctor's January 8, 1993 report states, in part:

> The patient's distress impressed me as genuine and unfeigned. I believe the trauma of falling down the stairs, for her, constituted a "serious threat to one's life or physical integrity," as described in DSM-III-R for the condition called Post

> Traumatic Stress Disorder. I believe she is unable to work at the present time. I would hope that more effort be made to relieve the physical basis for her pain and that she continue seeing Dr. Parks, whom she feels has helped her greatly. With relief of the depression alone, and the passage of time, with professional help such as is provided by Dr. Parks, I believe the prognosis is fairly good and that she would [be] able to resume a normal life at some point in the future.

After receiving Dr. Goodwin's report, the Judge authorized treatment from Dr. Parks, who was then already seeing claimant on a weekly basis.

Dr. Parks, who is board-certified in psychiatry and neurology, diagnosed claimant as having chronic pain syndrome, dependent personality trait, post-traumatic stress disorder and major depression. Dr. Parks treated claimant with muscle relaxants and anti-depressant and anti-anxiety medications, along with psychotherapy sessions. From July 1992 into 1994, those psychotherapy sessions were held on a weekly basis. The doctor testified that he decreased claimant's sessions as she improved, first reducing the weekly sessions to every other week, then reducing the sessions to monthly and ultimately reducing their sessions to as often as claimant needed as determined by her emotional stability. The doctor testified that he saw claimant perhaps two times during 1996, and did not see claimant at all between February 21, 1996, and January 11, 1997. According to the doctor, there was a period in 1998 and 1999 that he did not see claimant at all. Finally, the doctor also testified that when claimant saw him on February 5, 2000, that was their first visit since April 1999. Nonetheless, when claimant testified at the March 7, 2000 regular hearing, she indicated that she had suffered a relapse and was seeing Dr. Parks on a weekly basis.

Dr. Parks rated claimant as having a 44 percent whole body functional impairment due to her psychiatric problems, purportedly using the fourth edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*. Moreover, the doctor believes claimant is physically and psychologically totally permanently disabled from working. The doctor continues to treat claimant with three medications – imipramine, methocarbanol and Paxil.

In contrast to Dr. Parks' opinions, the record contains opinions from Dr. Patrick L. Hughes, who is also board-certified in psychiatry and neurology and who was hired by respondent and its insurance fund to testify in this claim. According to Dr. Hughes, there is no way that claimant's major depression was related to the March 1987 accident and no way that claimant could have developed post-traumatic stress disorder as a result of that accident. Dr. Hughes believes that all major depression is caused by a person's genetics as genes are turned on in some unknown manner which, in turn, causes the brain cells to misuse the chemicals in the brain that affect a person's mood. The doctor also believes that not one in a million people would experience a fall down stairs as a life threatening,

horrific, or traumatizing event, which is necessary to produce post-traumatic stress disorder.

As a result of his February 2000 evaluation of claimant, Dr. Hughes diagnosed claimant as having dependent personality disorder and a pain disorder with both medical and psychological features. According to Dr. Hughes, a physical injury cannot worsen or adversely affect a dependent personality disorder but it does present a golden opportunity for persons having that disorder to increase their dependency on others. The doctor does not relate any of the three diagnoses (major depression, dependent personality disorder and pain disorder) to the March 1987 accident. Further, the doctor believes that claimant has no permanent psychiatric impairment.

Dr. Hughes believes claimant's pain complaints are from a self-assumed role as an invalid. Moreover, the doctor does not believe claimant is consciously reporting pain to fraudulently obtain benefits. But Dr. Hughes believes claimant's condition is fostered by Dr. Parks' approach to treatment, which Dr. Hughes sees as generating dependency.

Dr. Hughes believes that Dr. Parks' treatment is absolutely wrong. According to Dr. Hughes, the appropriate way to treat claimant is (1) advising her that her invalidism is not warranted, (2) ceasing all financial rewards, (3) ceasing the ego-gratifying dependency of Dr. Parks, and (4) ceasing the family's willingness to absolve claimant of responsibility. According to Dr. Hughes, had he seen claimant in 1992 he would have treated her with anti-depressants, which he would have expected to resolve claimant's depression in four to six weeks. The doctor would have treated the pain disorder and personality disorder by not permitting claimant to assume an invalid role. And if claimant actually had post-traumatic stress disorder, proper treatment and medications should have alleviated the symptoms within four weeks.

Unfortunately, the Judge did not appoint an unbiased expert to perform an independent medical evaluation to address claimant's present condition. Nonetheless, considering the various expert opinions presented, the Board is persuaded by Dr. Goodwin's report that claimant at least suffered depression as a direct result of the March 1987 accident. Therefore, the Board concludes that claimant's psychological state was adversely affected by the March 1987 work-related injury. The Board is not convinced, however, that claimant is unable to work. Instead, the Board is persuaded that claimant's condition and ability to work lay somewhere between Dr. Parks' opinion that she is permanently and totally disabled and Dr. Hughes' opinion that her psychological condition constitutes no impairment.

Claimant returned to her duties as a teacher's aide and worked from September 1987 through the end of the 1991-1992 school year, which probably ended in May 1992. Although claimant testified that she was having crying spells during that period, she was

capable of working. While it is true that claimant was experiencing a major bout of depression when she began treating with Dr. Parks in July 1992, her condition eventually improved to the extent that she was able to limit her visits to the doctor to an occasional basis. At the beginning of claimant's psychotherapy treatments, the doctors were expecting claimant's condition to improve. Dr. Goodwin believed, as noted in his January 1993 report, that claimant should be able to return to a normal life following the relief of her depression, the passage of time and professional help. Dr. Parks believed, as noted in an August 25, 1992 report, that claimant would need only biweekly psychotherapy sessions for 18 to 24 months. The record lacks adequate explanation why claimant did not recover to the level expected, despite receiving the recommended psychiatric treatment.

For a March 1987 accident, the test for determining permanent partial general disability is what portion of the claimant's job requirements is she unable to perform because of the injury. In *Ploutz,*[1] the Kansas Supreme Court approvingly adopted the following from the Court of Appeals' decision:

> Syl. 3. The test for determining permanent partial general disability is the extent to which the injured worker's ability has been impaired to engage in work of the same type and character he or she was performing at the time of the injury.
>
> Syl. 4. In considering a permanent partial general disability under K.S.A. 44-510e, the work disability would be measured by the reduction, expressed as a percentage, in the worker's ability to engage in work of the same type and character that he or she was performing at the time of the injury.
>
> Syl. 5. Where a claimant in a workers' compensation case is found to suffer a permanent partial general disability, the pivotal question is, what portion of claimant's job requirements is he or she unable to perform because of the injury?

At the June 1992 regular hearing, claimant testified that she was unable to perform approximately 50 percent of her job as a teacher's aide. Considering the nature of claimant's back injury and the pain that she feels as a result of her mental state, the Board concludes that claimant's estimate that she was unable to perform 50 percent of her former work duties is relatively accurate. Accordingly, the Board concludes that claimant has sustained a 50 percent permanent partial general disability as a direct result of her March 1987 accident.

The Board also affirms the Judge's finding that claimant has sustained a 50 percent whole body functional impairment as a combined result of her back injury and the psychological problems that she developed as a result of the March 1987 accident.

---

[1] *Ploutz v. Ell-Kan Co.*, 234 Kan. 953, 676 P.2d 753 (1984).

4. Claimant's average weekly wage excluding additional compensation items is $233.12. But the average weekly wage including additional compensation items is $238.81.

Starting at page nine of the transcript from the March 7, 2000 regular hearing, the Judge and the parties' attorneys discussed the issues concerning claimant's hourly rate for straight time wages and how claimant had earlier testified that she was earning $5.25 per hour on the date of accident, which was different from the $5.828 per hour as indicated by dividing claimant's last paycheck by the 80 hours that it purportedly represented. The Judge and the parties' attorneys also discussed that the straight time wage should be increased by an amount for the KPERS benefit that respondent provided while claimant worked for respondent. Additionally, in their December 29, 2000 submission letter to the Judge, respondent and its insurance fund listed average weekly wage as the first issue to be decided by the Judge. The submission letter reads, in part:

> III. The issues for determination herein are as follows:
>
> > 1. Claimant's average weekly wage with KPERS benefits, including all [sic] hourly wage at the time of the accident.

Respondent and its insurance fund's argument that the parties had stipulated to claimant's average weekly wage and that it was not an issue is disingenuous.

Based upon the wage statement that the parties stipulated into evidence, claimant earned $466.25 for the last two-week period shown on that statement, February 14, 1987, through February 27, 1987. The wage statement indicates that respondent paid no overtime for any of the weeks shown on that document. Dividing $466.25 by 80 straight time hours equals $5.828 per hour.

At the March 2000 hearing, the parties agreed that claimant was a full-time employee. Accordingly, claimant's straight time weekly wage is $233.12 ($5.828 x 40 hours). Claimant also received KPERS benefits from respondent, based upon 2.44 percent of her wages. Accordingly, the value of claimant's KPERS benefit is $5.69 ($233.12 x 2.44%) per week. The Board concludes claimant's average weekly wage is $233.12 when fringe benefits are excluded and $238.81 when fringe benefits are included.

The record is not entirely clear when claimant's employment with respondent was terminated, thus ending her entitlement to the KPERS benefits. But the record is clear that claimant did not return to work in late summer or fall 1992 for the 1992-1993 school year. The Board concludes that claimant's KPERS benefits terminated on approximately August 25, 1992. Therefore, claimant's average weekly wage before that date is $233.12 and the average weekly wage after that date is $238.81.

5. Claimant should be reimbursed the sum of $4,803.16 for the mileage and the expense incurred to see Dr. Parks from April 20, 1993, through September 4, 1997, and to see other health care providers from March 9, 1987, through February 15, 2000, as shown by the exhibits that were stipulated into evidence and filed with the Division on April 28, 2000.

Those exhibits indicate that from April 20, 1993, through September 4, 1997, claimant drove 15,006 miles to and from her home in the Kansas City, Kansas, area to see Dr. Parks in Topeka, Kansas, and spent $386.90 in related toll charges. Those documents also indicate that claimant drove 928 miles to and from her home to see other health care providers.

Respondent and its insurance fund argue that claimant should not be reimbursed for the mileage driven to see Dr. Parks as such treatment was allegedly unnecessary and unreasonable. The Board disagrees.

For the period in question, Dr. Parks was claimant's authorized treating physician. The record does not indicate that respondent and its insurance fund ever requested the Judge to change claimant's treating psychiatrist. Injured workers should not be required to second guess their appointed physicians regarding whether certain treatment is reasonable or necessary, risking loss of mileage expense reimbursement if they guess wrongly. Such was not the intent of the Workers Compensation Act as the legislature envisioned that prompt medical attention would be provided to injured workers, returning them to work in good time.

6. The Board approves the contract for attorney fees entered into by claimant and her attorney to the extent the contract conforms with K.S.A. 44-536.

7. The Board adopts the findings and conclusions set forth in the May 31, 2001 Award to the extent they are not inconsistent with the above.

AWARD

WHEREFORE, the Board increases claimant's average weekly wage and modifies the May 31, 2001 Award, as follows:

Gwendolyn I. Watson is granted compensation from Board of Education, KC Dist. #500 and its insurance fund for a March 9, 1987 accident and resulting disability. Ms. Watson is entitled to receive 285.14 weeks of temporary total disability benefits at $155.42 per week, or $44,316.46, plus 1.86 weeks of temporary total disability benefits at $159.21 per week, or $296.13, plus 128 weeks of permanent partial disability benefits at $79.61 per

week, or $10,190.08, for a 50 percent permanent partial general disability and making a total award of $54,802.67, which is all due and owing less any amounts previously paid.

Claimant is granted the sum of $4,803.16 as reimbursement for the mileage and the expense incurred as set forth in the Findings of Fact and Conclusions of Law paragraph 5.

The Board adopts the remaining orders set forth in the Award that are not inconsistent with the above.

IT IS SO ORDERED.

Dated this ____ day of February 2002.

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

c: Robert E. Tilton, Attorney for Claimant
Gregory D. Worth, Attorney for Respondent and its Insurance Fund
Robert H. Foerschler, Administrative Law Judge
Philip S. Harness, Workers Compensation Director